



AMENDMENT TRANSMITTAL LETTER (Small Entity)

Applicant(s) Michael R Levine

Docket No.
LVN-08602/03

Application No. 09/812,639	Filing Date March 20, 2001	Examiner Alexander G. Kalinowski	Customer No. 25006	Group Art Unit 3626	Confirmation No. 1113
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Invention: METHOD OF PAYMENT FOR A HEALTHCARE SERVICE

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

☒ Applicant claims small entity status. See 37 CFR 1.27

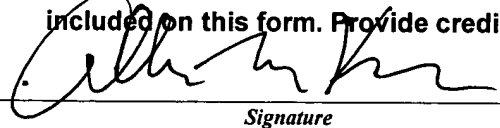
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$44.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180
 - ☒ Any additional filing fees required under 37 C.F.R. 1.16.
 - ☒ Any patent application processing fees under 37 CFR 1.17.
- ☐ Payment by credit card. Form PTO-2038 is attached.

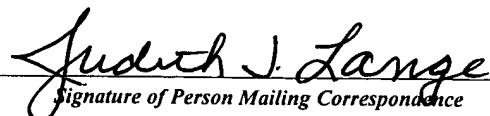
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Signature

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Dated: 11/11/04

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I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 11/11/2004 (Date)	
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Judith T. Lange Typed or Printed Name of Person Mailing Correspondence	

CC:



11-15-04

3626
JFW

Attorney Docket No. LVN-08602/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael R. Levine

Serial No.: 09/812,639

Group Art Unit: 3626

Filing Date: March 20, 2001

Examiner: Alexander G. Kalinowski

For: METHOD OF PAYMENT FOR A HEALTHCARE SERVICE

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 29, 2004, please amend the above-identified patent application as follows: